



CITY OF CHANDLER
Tax & License Division

Off-Track Wagering
Individual Application

- Check One:
- ☐ Owner of Principle Wagering Establishment
 - ☐ Managing Agent of Principle Wagering Establishment
 - ☐ Owner of Off-track Site Facility
 - ☐ Managing Agent of Off-track Site Facility

Name of Applicant

Last Name, First, Middle

**Other Names Used
(Maiden, etc.)**

Home Address

Street, Apt. #

Phone

City, State, Zip

SSN

Drivers License #

State

Height

Weight

Hair

Eyes

Birthdate

Birthplace

Business Name

Business Address

Street, Suite #

Business Phone

City, State, Zip

**Indicate your
employment or
business engaged
in during the past
5 years**

1. _____
Current Employer, Position

Street, Suite #

City, State, Zip

Dates

Phone
2. _____
Previous Employer, Position

Street, Suite #

City, State, Zip

Dates

Phone
3. _____
Previous Employer, Position

Street, Suite #

City, State, Zip

Dates

Phone

**Indicate where
you have resided
for the last 5
years**

From: Mo/Yr To: Mo/Yr Residence Street City State Zip

Have you ever been denied, cited, arrested, indicted, convicted, or summoned into court for violations of any criminal law or ordinance (excluding minor traffic violations)? _____ YES _____ NO

Explain: _____

Have you ever posted bond, been ordered to deposit bail, been fined, imprisoned, placed on probation or failed to appear for any violation of any law or ordinance? _____ YES _____ NO

Explain: _____

Have you ever had any business license denied, revoked, suspended, or fined in this or any other state? _____ YES _____ NO

Explain: _____

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Note: Changes must be submitted as required by Ordinance. Incomplete applications will not be processed.
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I certify that the statements made in this application are true and complete to the best of my knowledge. Intentional omission or falsification of information is sufficient grounds for denial of the application or later revocation and subject to penalty of law.

Signature

Date